Licensing & Certification Program General Acute Care Hospital Relicensing Survey General Entrance List

| NAME OF FACILITY | DATE | Name of TEAM COORDINATOR |
|------------------|------|--------------------------|
| | | |
| | | |

| The team leader will were with the facility staff to determine which | T T | |
|--|------------|-------|
| The team leader will work with the facility staff to determine which documents/items the team needs immediately and which ones are | REQUESTING | Rcv'p |
| needed within a few hours. Please provide the following: | REQUESTING | KCV D |
| 1. Hospital Policy and Procedures: | | |
| a) Infection control policy (HSC §1255.8(e)) | | |
| b) Environmental services policies that address | | |
| cleaning/disinfection (HSC §1255.8(e)) | | |
| c) Patient safety plan (HSC §1279.6 & HSC §1279.7(f)) | | |
| d) Immunizations/Vaccinations - staff & patient (HSC §1288.7(a) & | | |
| HSC §120392.9) | | |
| 2. Hospital Written Reports: | | |
| a) Infection surveillance & prevention program's written report, | | |
| required every 3 years, & required annual updates, with revisions, | | |
| if necessary (HSC §1288.6(a)) | | |
| b) Hospital strategic plan (HSC §1288.6(a)). | | |
| c) Seasonal influenza plan with disaster plan revisions for a | | |
| pandemic influenza component (HSC §1288.7(b)) | | |
| d) Process for reimbursing patients for excess amounts paid on their | | |
| bills, including interest owed by the hospital. (HSC §127440) | | |
| 3. Healthcare Staff/ Employee Records: | | |
| a) Credentialing file evidence of infection surveillance, prevention, & | | |
| control training attendance for the physician who has been | | |
| designated as a hospital epidemiologist/infection surveillance, | | |
| prevention and control committee chairperson (HSC §1288.95(a)) | | |
| b) Facility infection control training program for all types of staff, | | |
| which includes annual and after policy changes (HSC §1288.95(c)) | | |
| c) List of charity care and discount payment patients including outpatient services (last 3 months) (HSC §127405-127440) | | |
| 4. Nutrition/Dietary Services: | | |
| a) Organizational chart of nutrition services | | |
| b) Personnel file of Director of Food Services (HSC §1265.4) | | |
| | | |
| c) Job Descriptions: Manager of Dietetic Services, Manager of Food Services and Chief Clinical Dietitian, Dietetic Technicians (if | | |
| applicable) | | |
| d) Menus for the week: including extensions | | |
| e) Meal and nourishment schedules | | |
| f) Current patient diet list | | |
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Licensing & Certification Program General Acute Care Hospital Relicensing Survey General Entrance List

| Documents | REQUESTING | Rcv'd |
|--|------------|-------|
| 5. Additional Items: | | |
| a) Current inpatient census | | |
| b) Hospital floor plan or stacking diagram | | |
| c) List of key hospital personnel with phone numbers and roles | | |
| d) Hospital organization chart to include governing body and officers | | |
| e) List of current program flexibility(s) | | |
| f) Medical staff roster to include allied health and mid-level practitioners | | |
| g) List of all service locations | | |
| h) List of contracted services | | |
| i) Governing body bylaws/rules and regulations | | |

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